

annotated

September 5, 2008

United States Environmental Protection Agency
77 W. Jackson Boulevard, LR-8J
Chicago, Illinois 60604-3590

Attn: Duncan Campbell
Environmental Protection Specialist

Re: NCP Coatings
Niles, Michigan
MID 005 167 242



401 Lincoln Way West
Osceola, IN 46561
Phone: 574-674-0161
Fax: 574-674-2778

Dear Mr. Campbell:

Enclosed please find our collective information, as best available, and documentation regarding your most recent request.

A number of issues were responded to from memory since there were no known requirements to keep specific records back when the solvent tank was constructed and installed. Thus, the list of persons responsible to answer the questions posed is actually larger than shown since older employees were also consulted in order to best determine dates when some tasks were performed.

We trust you will find the enclosed information acceptable under these circumstances, and consider a closure to this case.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert C. Smith'. The signature is fluid and cursive, with the first name 'Robert' being more prominent.

Robert C. Smith, REM#05765

cc: Willie H. Harris, Chief, RCRA Branch, EPA
John Craig, MDEQ, Main Office
Nadine Deak, MDEQ, Kalamazoo District
Sherman Drew, NCP Coatings
Mike Glasgow, NCP Coatings
Don Sabbe, D&B Environmental Services, Inc.

enclosures



NCP Coatings Inc.
225 Fort Street, Niles, Michigan 49120-0307
P: 800.627.1948 F: 269.663.3305
www.npcocoatings.com

- b. the names and addresses of all principals, owners or officers and registered agent of the organization; and

*NCP Coatings
225 Fort Street
Niles, Michigan 49120*

*Neil Hannewyk – President, 150 Smith Court, Niles, Michigan
Nat Hannewyk – COO, 30635 Chicago Trail Road, New Carlisle, Indiana
Ben Hannewyk – CEO, 30815 Chicago Trail Road, New Carlisle, Indiana
M. Sherman Drew, Jr. – CLO, and Registered Agent 1250 Harrah Road,
Niles, Michigan
Michael Troost – CFO, 63933 Kingsway Court, South Bend, Indiana*

- c. the date NCP acquired the real property at 225 Fort Street, Niles, Michigan. If NCP Coatings does not own the real property, provide the name(s) and address(es) of the owner(s).

1948

3. Provide the date the tank system was installed. The term "tank system" is inclusive of the 1,500 gallon "dirty" solvent tank, the ancillary equipment associated with the tank and the secondary containment that surrounds the tank and is underneath the ancillary equipment.

*Approximately 1974 – 1977 1500 gallon tank installed
Approximately 1980 – 1981 first distillation unit installed*

4. If the tank system, referenced in Item 3 above, was installed after January 12, 1989, provide a copy of the written assessment that was reviewed and certified by an independent, qualified, registered professional engineer attesting that the tank system was acceptable for storing hazardous waste.

Complete recovery system installed prior to January 12, 1989

5. Provide the exact location where the spent solvent is generated that is accumulated in the 1,500 gallon tank, referenced in Item 3 above.

Plant drawing displaying Satellite accumulations areas and flow of dirty solvent in Exhibit A

6. Provide a description of how the spent solvent is managed, starting from the point of generation and continuing to when it is introduced into the 1,500 gallon "dirty" solvent tank.

Solvent is collected in specific drums marked "dirty solvent", "hazardous waste", and "flammable" on labels in all designated satellite accumulation areas that are applicable to such waste. When the drum is full, it is moved to the distillation room within 72 hours and replaced with a like empty drum. These full drums are routinely emptied into the reclamation system 1500 gallon tank until enough is accumulated for homogenous purposes and

There is no documentation available regarding installation inspection, however, the Chief of Maintenance visually inspected the tank and related plumbing for leaks.



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www.npcpaints.com

13. Provide a copy of the written statement by those persons required to supervise the installation of the tank system, referenced in Item 3, above.

A written and signed statement enclosed in Exhibit B

14. Provide information indicating that the secondary containment, referenced in Item 3 above, was:

- a. designed, installed and operated to prevent migration of waste or accumulated liquid out of the system at any time during the use of the tank;

Both walls and floor are solid poured concrete of secondary containment

- b. capable of detecting and collecting releases and accumulated liquids;

Routine visual inspections for releases. Secondary containment would contain any releases

- c. constructed of or lined with materials that are compatible with the waste(s) placed in the tank;

There is no liner or other material used in conjunction with poured concrete walls and floor

- d. placed on a foundation or base capable of supporting the secondary containment;

A clay base was designated by the Chief of Maintenance for the poured concrete secondary containment to rest on

- e. provided with a leak detection system so that it will detect the failure of either the primary or secondary containment; and

There is no leak detection system installed in secondary containment, hence the visual inspections

- f. sloped or otherwise designed or operated to drain and remove liquids resulting from leaks or spills.

There are no drains, pits or other means to drain liquids that may spill into secondary containment. Should such an incident occur, the secondary containment would be pumped out

15. Provide information relied used to determine that the tank system, referenced in Item 3



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23. Provide the maxim organic vapor pressure of the spent solvent before it is duced into the tank system, referenced in Item 3, above.

The average vapor pressure of the solvents being processed would be 30 mm of Hg @ 68°F

24. Describe the "fixed roof" and its "closure device" on the 1,500 gallon "dirty" solvent tank, referenced in Item 3, above.

The closure device for the tank fits this description as defined in 40 CFR 265.1081 Definitions for a hinged access lid. Considering that the process and its emissions are part of the NCP Coatings air permit, a more "emission proof" closure has not previously been considered. Albeit the lid should be closed and in place at all times except when otherwise necessary

25. State whether the "fixed roof" forms a continuous barrier over the entire surface area of the spent solvents in the tank.

This distillation room has a fixed roof over its entirety

26. Provide the annual inspection of the "fixed roof" for 2007 and 2008 that indicates the fixed roof was free of cracks, holes, gaps, or other open spaces between the roof sections or between the interface of the roof edge and the tank wall.

There haven't been any inspections conducted as part of NCP's MDEQ Air Permit requirements

27. Provide information regarding the settings of the "closure device" that illustrate it is manufactured to operate in the closed position unless filling the tank, referenced in Item 3, above.

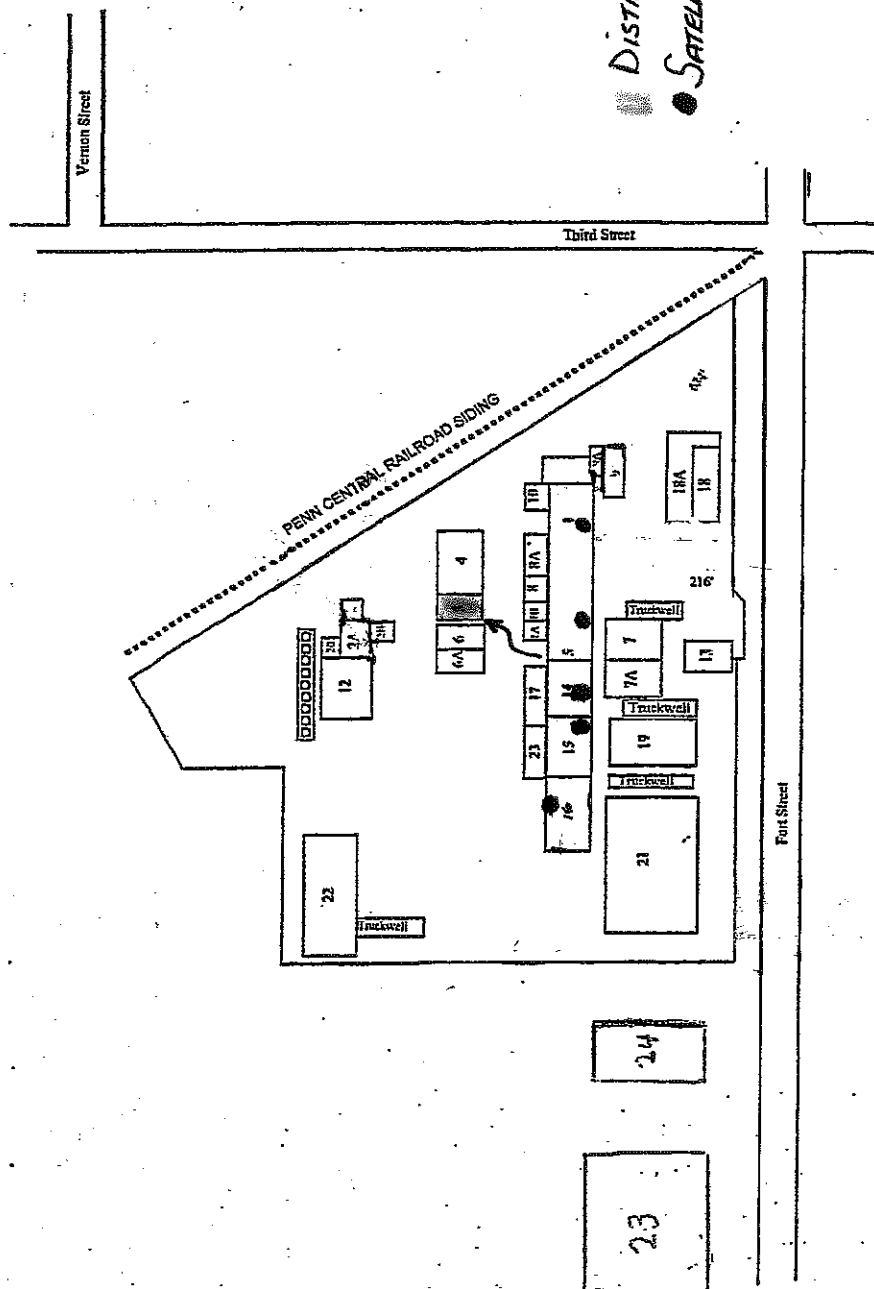
There is no "closure device" or hence, settings for this system, and it has never been required from previous inspections or as part of NCP's Air Permit

28. Provide the following certification by a responsible corporate officer:

I certify under the penalty of law that I have examined and am familiar with the information submitted in responding to this information request for production of documents. Based on my review of all relevant documents and inquiring of those individuals immediately responsible for providing all relevant information and documents, I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

M. Sherman Drew, Jr.
Executive Vice President and Director

IN



NCP COATINGS - NILES, MICHIGAN



NCP Coatings Inc.
225 Fort Street, Niles, Michigan 48120-0307
P: 800.627.1948 F: 269.683.3305
www.ncpcoatings.com

August 27, 2008


I certify that I was present and supervised the installation of the Tank Still System. As the Supervisor of the installation I visually inspect the system for leaks and proper working efficiencies.

Neil Hannewyk

President

Jimmy Werblow

Chief of Maintenance

Required under authority of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Failure to submit this information may result in civil or criminal penalties.	MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY Waste and Hazardous Materials Division <h2 style="text-align: center;">SITE IDENTIFICATION VERIFICATION FORM</h2>												
I. The form is being submitted CHECK CORRECT BOX(ES)	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;"> <input type="checkbox"/> </div> <div> as initial notification to notify as a new site or new owner for the site: Mail this form and the user charge fee with either a receipt from paying the \$50.00 fee on-line using a Master Card, VISA, or Discover Card (https://www.thepayplace.com/mi/deq/siteid) or by check made payable to the State of Michigan. <u>Mail to MDEQ Revenue Office</u> - HWCU, PO Box 30657, Lansing, MI 48909-8157 </div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;"> <input checked="" type="checkbox"/> </div> <div> as subsequent notification to change, update, or <u>verify</u> site information for an existing owner of a site with a previously issued site id number: <u>Mail directly to WHMD-MDE</u> at WHMD-MDEQ, Notification Unit, PO Box 30241, Lansing, MI 48909-4797 if a fee is not required. Otherwise submit to MDEQ Revenue Office (see above). </div> </div> <p style="text-align: center; margin: 10px 0;">AND ANY OF THE FOLLOWING</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;"> <input type="checkbox"/> </div> <div>as a component of a Hazardous Waste Permit Part A (submit to WHMD-MDEQ)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 20px; text-align: center;"> <input checked="" type="checkbox"/> </div> <div>as a component of the Hazardous Waste (biennial) Report (submit to WHMD-MDEQ)</div> </div>												
II. Site's ID Number	A. Site's Identification (ID) Number: MID005167242												
III. Name of Site	A. Legal company name: NCP COATINGS INC B. Site specific name (d/b/a): NCP COATINGS INC												
III. Added or Corrected Site Specific Name	B. Site specific name (d/b/a):												
IV. NAICS for this Site	A. 32551 B. C. D.												
III. Additional or corrected NAICS for this Site	A. B. C. D.												
V. Site Location Address and Other Site Information If there is a change in the site location address you must explain why in the Comments, Section XIII.	<table border="1" style="width: 100%;"> <tr> <td colspan="2">Street Address: 225 FORT ST</td> </tr> <tr> <td>Address line 2:</td> <td>City, Town, or Village: NILES</td> </tr> <tr> <td>State, Province or Subdivision (2 letters): MI</td> <td>Country: U.S.A.</td> </tr> <tr> <td>County Name (MI only): BERRIEN</td> <td>Zip/Postal Code: 49120-3429</td> </tr> <tr> <td>Tax Number: 38XXXXX97</td> <td>Approx./Ave. Number of Employees: 90</td> </tr> </table>			Street Address: 225 FORT ST		Address line 2:	City, Town, or Village: NILES	State, Province or Subdivision (2 letters): MI	Country: U.S.A.	County Name (MI only): BERRIEN	Zip/Postal Code: 49120-3429	Tax Number: 38XXXXX97	Approx./Ave. Number of Employees: 90
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V. Additional Site Location Address and Additional or Corrected Other Site Information TYPE OR PRINT CLEARLY	<table border="1" style="width: 100%;"> <tr> <td colspan="2">Street Address:</td> </tr> <tr> <td>Address line 2:</td> <td>City, Town, or Village:</td> </tr> <tr> <td>State, Province or Subdivision (2 letters):</td> <td>Country:</td> </tr> <tr> <td>County Name (MI only):</td> <td>Zip/Postal Code:</td> </tr> <tr> <td>Tax Number:</td> <td>Approx./Ave. Number of Employees:</td> </tr> </table>			Street Address:		Address line 2:	City, Town, or Village:	State, Province or Subdivision (2 letters):	Country:	County Name (MI only):	Zip/Postal Code:	Tax Number:	Approx./Ave. Number of Employees:
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Tax Number:	Approx./Ave. Number of Employees:												

FEB 27 2008

X. Type of Regulated Waste Activity

Mark 'X' in the appropriate box(es) for the activity on-site as of the date signed or the date entered in comment section XII

A. Hazardous Waste Activity(ies at this location

1. Generator of hazardous waste (choose one of the following three categories a-c)

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs) of non-acute hazardous waste, or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs) of non-acute hazardous waste, or
- ☐ c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

[see comments for additional information]

For items 2 through 8, check all that apply

2. Transporter of hazardous waste

- ☐ a. Transport hazardous waste
- ☐ b. Commingle waste
- ☐ c. Offloads during transportation
- [may require a permit & registration]

C. Used Oil Activity(ies) at this location, check all that apply: (used oil generator only - go to E.)
[see comments for additional information]

1. Used Oil Fuel Marketer

- ☐ a. Marketer who directs shipments of off-specification used oil to used oil burner.
- ☐ b. Marketer who first claims the used oil meets the specifications

☐ 2. Off-specification Used Oil Burner

3. Used Oil Transporter (check one only)

- ☐ a. Transporter only
- ☐ b. Transporter with transfer facility
- [requires a permit & registration]

☐ 4. Used Oil Processor

☐ 5. Used Oil Re-refiner

☐ 6. Used Oil Collection or Aggregation Point

☐ 7. Collection Center or Aggregation Point that accepts DIY Used Oil

E. Liquid Industrial Waste Activities at this location check all that apply: (not hazardous waste activity)

- ☐ 1. Liquid Industrial Waste Transporter
- [requires a permit & registration]
- ☐ 2. Transporting Own Waste
- ☒ 3. Liquid Industrial Waste Generator
- ☐ 4. Liquid Industrial Waste Designated Facility

3. Designated facility (hazardous waste received from off-site)

- ☐ a. Treats or treated waste on-site at this location
- ☐ b. Stores or stored waste on-site at this location
- ☐ c. Disposes of or disposed of waste on-site at this location
- ☐ d. Recycles recyclable materials on-site at this location
- [required submittal of Part A & permit]

☐ 4. Underground injects well on-site at this location

☐ 5. Import agent for hazardous waste

☐ 6. Generate mixed radioactive waste on-site at this location

☐ 7. Accepts waste from CESQG & accumulates over 1,000 kg on-site at this location

8. Exempt boiler and/or Industrial Furnace on-site at this location

- ☐ a. Smelting, melting, and refining furnace exemption
- ☐ b. Small quantity on-site burner exemption

B. Polychlorinated biphenyls (PCBs) generated at this location

- ☐ Generated an item, product, or material containing a concentration equal to or greater than 100 ppm of PCB

D. Universal Waste Activity(ies at this location, check all that apply:

1. Large Quantity Handler: check the box(es) for the universal wastes generated or accumulated

Type of Universal Waste	generating	accumulating
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Thermometers	<input type="checkbox"/>	<input type="checkbox"/>
d. Devices containing elemental mercury	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Switches	<input type="checkbox"/>	<input type="checkbox"/>
f. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
g. Electric Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
i. Consumer Electronics	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility of Universal Waste (a hazardous waste permit may be required for this activity)

F. All generation of waste has ceased at this location and/or any other regulated waste activity specified in Section X. Check one box and enter in a date using the format (mm/dd/yyyy)

- ☐ 1. Still in business at this location
- ☐ 2. Out of business at this location

Date ceased: _____

ON-SITE GENERATION AND MANAGEMENT FORM

You must report any hazardous waste generated on site and managed on site in units that do not require a permit and are not exempt, such as wastewater treatment unit, totally enclosed treatment unit, and neutralization unit. The source codes are listed on page two of this packet. If the source code is G25 a second management method code is required. The Management Method Codes are listed on the next page. For unit of measure, if you select a volumetric measure (gallons, liters, or cubic yards) you must also report the density of the waste. Units accepted are: pounds, tons, kilograms, gallons, liters, or cubic yards. If more than one form is necessary, please make a copy.

waste code(s): <u>D001 F003 F005</u>		
radioactive mixed:	yes	<u>no</u>
quantity generated:	<u>1800 GAL per month</u>	
unit of measure:	<u>Gallons</u>	
density if pounds or gallons:		
density if cubic yards:		
source code:	<u>G14</u>	
additional management method code if G25:		
on-site management method code:		
quantity treated on-site:		

waste code(s): <u>D001</u>		
radioactive mixed:	yes	<u>no</u>
quantity generated:	<u>1600 # PER MONTH</u>	
unit of measure:	<u>6 POUNDS</u>	
density if pounds or gallons:		
density if cubic yards:		
source code:	<u>G07</u>	
additional management method code if G25:		
on-site management method code:		
quantity treated on-site:		

waste code(s):		
radioactive mixed:	yes	no
quantity generated:		
unit of measure:		
density if pounds or gallons:		
density if cubic yards:		
source code:		
additional management method code if G25:		
on-site management method code:		
quantity treated on-site:		

GENERATOR MANIFEST CONFIRMATION FORM

- Fill in any missing data
- If the management method code is missing, you will need to contact the designated facility for the correct code as it did not provide the code on the manifest.
- If the "Date Manifest signed by generator" is missing send in copy of manifest and write "GENERATOR COPY" on the top

Manifest Tracking Number	Date Manifest signed by Generator	Designated Facility Site ID	Row	UN, NA number or ORME (9b)	Total Quantity (11)	Unit (12)	First Waste Code	Source Code	Source Mgmt Code	Mgmt Method Code
000053062GR	2/2/2007	ALD070513767	001	UN1325	3612	P	D001	G07		H141
000053062GR	2/2/2007	ALD070513767	002	UN1263	1600	G	D001	G14		H061
000055748GR	3/14/2007	ALD070513767	001	UN1325	1471	P	D001	G07		H061
000055748GR	3/14/2007	ALD070513767	002	UN1263	1600	G	D001	G14		H061
000056295GR	4/27/2007	ALD070513767	001	UN1325	1976	P	D001	G07		H061
000056295GR	4/27/2007	ALD070513767	002	UN1263	1400	G	D001	G14		H061
000602963JJK	6/5/2007	IND000646943	001	UN2924	5365	G	D001	G14		H061
001557884FLE	6/19/2007	MID074259565	001	UN3897	5	G	D007			
000056940GR	6/19/2007	ALD070513767	001	UN1325	2276	P	D001	G07		H061
000056940GR	6/19/2007	ALD070513767	002	UN1263	1800	G	D001	G14		H061
002861546JJK	7/31/2007	MID980991566	001	UN2924	1045	G	F003	G14		H141
000063810GR	8/14/2007	ALD070513767	001	UN1325	2430	P	D001	G07		H061
000063810GR	8/14/2007	ALD070513767	002	UN1263	1800	G	D001	G14		H061
000063810GR	8/14/2007	ALD070513767	003	UN1325	200	G	D001	G14		H061
003312710JJK	9/24/2007	IND000646943	001	UN1325	1710	P	D001	G07		H020
003312710JJK	9/24/2007	IND000646943	002	UN1263	2000	G	F003	G14		H061
002025268JJK	10/30/2007	IND000646943	001	UN1325	3770	P	D001	G07		H020
002025268JJK	10/30/2007	IND000646943	002	UN1363	1550	G	F003	G14		H141
002025268JJK	10/30/2007	IND000646943	003	UN1363	100	G	F003	G14		H061
001657158FLE	12/5/2007	IND000646943	001	UN1325	2642	P	D001	G07		H020
001657158FLE	12/5/2007	IND000646943	002	UN1263	2400	G	F003	G14		H020

I DO NOT HAVE ANY RECORD
OFF THIS MANIFEST NUMBER

I AM INVESTIGATING ALONG WITH
TSD TO DETERMINE ACTUAL SOURCE

PLEASE
SEE
ATTACHED

ALL OTHERS ARE CORRECT FOR BIENNIAL
REPORTING

THANKS
MIKE GLOSTON

2793
2406
5150